



**Early Adopter Application Form**  
**Purchasing & Assistance Collaborative for Electronic Health Records (PACeHR)**

PACeHR Early Adopters will receive special packages, personalized implementation services, and priority deployment for PACeHR [eMDs](#) and [NMS](#) products. The package includes:

- Affordable monthly subscription to a certified, web-based EHR
- Core interfaces, maintenance, and support, including meaningful use optimization
- EHR planning, implementation and support services
- Discounts on hardware, software, and other services

**Thank you for completing all mandatory\* fields so we can contact you with more PACeHR details.**

**\* Yes, I am interested in the PACeHR Early Adopter Program! We are (select one):**

- ☐ Prepared to implement an EHR in less than 6 months
- ☐ Prepared to implement an EHR within 6 to 12 months
- ☐ Ready for planning, but EHR implementation is 1 to 2 years away
- ☐ Already implemented, but interested in other PACeHR benefits

**Practice Profile**

<b>* Last Name</b> <input style="width: 95%;" type="text"/>	<b>* First Name</b> <input style="width: 95%;" type="text"/>	<b>* Title/Credentials</b> <input style="width: 95%;" type="text"/>
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<b>* Practice/Clinic Name</b> <input style="width: 95%;" type="text"/>	<b>Practice Website</b> <input style="width: 95%;" type="text"/>
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<b>NPI # (as applicable)</b> <input style="width: 95%;" type="text"/>	<b>AZ License #</b> <input style="width: 95%;" type="text"/>
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<b>* Street Address</b> <input style="width: 95%;" type="text"/>	<b>* City/State/Zip</b> <input style="width: 95%;" type="text"/>
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<b>* Email Address</b> <input style="width: 95%;" type="text"/>	<b>* Preferred Contact Number</b> <input style="width: 95%;" type="text"/>	<b>Cell Number (optional)</b> <input style="width: 95%;" type="text"/>
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**\* If you have more than one location, please indicate if this location is ☐ Primary ☐ Satellite**  
***Note: If you want all locations involved in the pilot, please submit one application per clinic.***

<b>* Practice Type</b>	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Other <div style="border: 1px solid black; width: 80px; height: 20px; margin-top: 5px;"></div> <small>Specify type</small>
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<b>* Practice Environment</b> <input type="checkbox"/> Public or Critical Access Hospital	<input type="checkbox"/> Community or Rural Health Clinic	<input type="checkbox"/> Serves uninsured, underinsured, and medically underserved populations
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<b>* Practice Volume</b>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">Enter total number of patients per week at site</div>				
<b>* My practice or clinic patient base is:</b>					
AHCCCS <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> %	Medicare <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> %	Commercial Insurance <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> %	State Employees <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> %	Self Pay <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> %	Other (describe) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> %
<b>* Number of Support Staff (system users)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<b>* Number of clinicians at site with prescriptive privileges</b> <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"><div>MDs <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div></div><div>DOs <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div></div><div>PAs <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div></div><div>NPs <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div></div><div>Other <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div></div></div>				
<b>* I have completed an <a href="#">EHR Readiness Assessment</a> using the tool available from the following organization (check one):</b>					
<input type="checkbox"/> <a href="#">AAFP</a>	<input type="checkbox"/> <a href="#">ACOG</a>	<input type="checkbox"/> <a href="#">ACP</a>	<input type="checkbox"/> <a href="#">AHRQ</a>	<input type="checkbox"/> <a href="#">APA</a>	<input type="checkbox"/> <a href="#">HSAG (DOQIT)</a>
<input type="checkbox"/> Other (specify) <div style="border: 1px solid black; width: 650px; height: 20px; display: inline-block;"></div>					
<b>* I am currently e-Prescribing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<p><b>PACeHR</b> is working with <a href="#">AzHeC</a> to secure ARRA stimulus funds through the Office of the National Coordinator for Health Information Technology (ONC). The grant will fund a <a href="#">Regional Extension Center (REC)</a> to help defray some of the costs of PACeHR services: assistance with vendor selection, group purchasing, implementation and project management, practice and workflow redesign, functional interoperability and health information exchange, privacy and security best practices, and progress towards meaningful use. Consultants usually charge \$150 – \$300 per hour for these services.</p> <p><b>* Thank you for answering the non-binding questions below.</b></p> <p><input type="checkbox"/> I/we would use PACeHR/REC services for our EHR adoption needs.</p> <p><input type="checkbox"/> I/we am/are interested in any discounts for EHR adoption services that may be available through PACeHR/REC.</p> <p>I/we would consider paying up to \$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> per month per provider to access PACeHR/REC services. <div style="text-align: center; font-size: x-small;">Enter Amount</div></p>					



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**Please tell us about your practice and why it should be a PACeHR Early Adopter practice.**

Include your practice history, patients served, electronic status, internet connection type, and any characteristics that distinguish you and your staff as Early Adopters.

**I understand that this does not obligate me or PACeHR. I give PACeHR permission to contact me with more details about the PACeHR Early Adopter Program. Checking the following box and entering my name and date below serves as my electronic signature.**

**\* Signature** ☐

**\* Date**

Please FAX this form to: Barbara Frederick Fax 602.417.6999  
Questions? [barbara.frederick@azahcccs.gov](mailto:barbara.frederick@azahcccs.gov) or Phone 602.417.6969